



ZFW

PATENT  
5606-1001

IN THE U.S. PATENT AND TRADEMARK OFFICE

In re application of

Frederic SGIER et al.

Conf. 4613

Application No. 10/766,911

Group 3738

Filed: January 30, 2004

Examiner Unassigned

TITLE: VERTEBRAL ARTHRODESIS DEVICE

**LETTER SUBMITTING  
SUPPLEMENTAL APPLICATION DATA SHEET**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

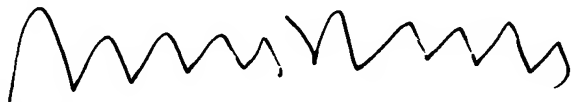
March 22, 2006

Sir:

We enclose herewith the substitute Application Data Sheet (ADS), changing the attorney docket number from 0573-1008 to 5606-1001. No new matter is added.

Respectfully submitted,

YOUNG & THOMPSON

By   
Robert J. Patch, #17,355  
Attorney for the Applicants  
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Arlington, Virginia 22202  
(703) 521-2297

RJP:jlw



Supplemental Application Data Sheet

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: VERTEBRAL ARTHRODESIS DEVICE  
Attorney Docket Number:: ~~0573-1008~~ 5606-1001  
Request for Early No  
Publication?:  
Request for Non-Publication?: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 3  
Small Entity?: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included?: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?:

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: FREDERIC  
Middle Name::  
Family Name:: SGIER  
City of Residence:: LUZERN  
State or Province of  
Residence::  
Country of Residence:: SWITZERLAND  
Street of Mailing SONNBUHL STRASSE 9  
Address::  
City of Mailing Address:: LUZERN  
State or Province of Mailing Address::  
Country of Mailing Address:: SWITZERLAND  
Postal or Zip Code of Mailing Address:: 60006

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: JEAN JACQUES  
Middle Name::  
Family Name:: MARTIN  
City of Residence:: BOURG EN BRESSE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 13 BOULEVARD VICTOR HUGO  
Address::  
City of Mailing Address:: BOURG EN BRESSE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-01000

**Correspondence Information**

Correspondence Customer 000466

Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::